Fee Transmittal for State of Michigan District or Municipal Court Offices

INSTRUCTIONS: Use this form to transmit all fees to the Michigan Department of Treasury. You may no longer use Form 588 (formerly L-3215). Follow the filing instructions at the bottom of the form. Send the original plus five (5) additional copies of the completed form.

| Court Number, Name and Address | | | |
|--|-----------------------------|-----------------|---------------------|
| Court Number, Name and Address | | County | |
| | | | |
| | | Reporting F | Period (month/year) |
| | | | |
| Collections Due to the State Treasurer | | Accoun Numbe | |
| 1. DO NOT USE | | | 1. |
| 2. DO NOT USE | | | 2. |
| 3. Civil Filing Fee Fund - MCL 600.171 | | 228.58 | 3 |
| 4. State Court Fund - MCL 600.8371 | | 228.42 | 4 |
| 5. Justice System Fund - MCL 600.181 | | 228.59 | 5 |
| 6. Juror Compensation Reimbursement Fund | | | |
| Civil Jury Demand Fee - MCL 600.8371 | | 228.57 | 6a |
| Drivers License Clearance Fee - MCL 257.321a | | 228.57 | 6b |
| 7. Crime Victims Rights Fund - MCL 780.905 | | 228.37 | 7 |
| 8. Convicted Drunk Driver Assessment - MCL 769.1f | | | |
| Reimbursement of Allowable Expenses Due State Police | | . 228.47 | 8a |
| Reimbursement of Allowable Expenses Due Department of Natural Resources | | . 228.48 | 8b |
| 9. Judgment Fee - Department of Natural Resources - MCL 324.1609, MCL 324.40119, | | | |
| MCL 324.48740 | | 228.20 | 9 |
| 10. Children's Trust Fund - Playground Equipment - MCL 408.685 | | 228.38 | 10 |
| 11. Total Collections Due to the State Treasurer. Add lines 1 through 10. Enter here | | | 11 |
| 12. Report the total number of traffic civil infraction cases in the reporting period in which they become paid in full - MCL 600.181. If an error is discovered in the total reported as fully collected in a prior month, adjust the | | | |
| current reporting period total +/- and report the net total | fully collected in the repo | orting per | iod |
| I certify that the fees reported and remitted were collected and are transmitted in compliance with the specified statutes. | | | |
| Signature of Preparer | Preparer's Phone Number | | Date |
| Print Name of Preparer | Title | | |
| | | | |

Mail original form plus five (5) additional copies and a check, payable to "State of Michigan", in the amount on line 11 to:

Michigan Dept. of Treasury - Receipts Processing Lansing, MI 48922

Direct questions to:

Treasury, Local Audit & Finance Division - (517) 373-3227 State Court Administrator's Office - (517) 373-5596 Treasury, Receipts Processing Division - (517) 636-5386

An on-line fillable version of this form is available on the Internet at www.michigan.gov/treasury

(click on "Local Government" then "Forms/Instructions")